## HOMEOWNER COUNTY PROPERTY TAX CERTIFICATION

Property Owner: _			
Address:			
City:	State:	Zip:	_
Social Security Nur	mber ————		
PROPERTY DESC	RIPTION		
YEAR	RECEIPT #	GENERAL TAXES PAID	DATE PAID
1st H	Half		
2nd	Half		
1st H	Half		
2nd	Half		
1st H	Half		
2nd	Half		
1st H	Half		
2nd	Half		
		TOTAL	
NOTE: "General T	<i>axes" only</i> , do not ind	clude special assessments or fees.	
County		-	
Address		-	
City	State Zip	- Signature	
		Treasurer's Stamp Date	

ATTACH THIS FORM TO YOUR RETURN